

BENEFITS OF URBAN CLIMATE ACTION

C40 Cities Technical Assistance Report 2020



**ADDIS
ABABA**

CLIMATE, AIR QUALITY AND HEALTH

C40 and Johnson & Johnson are working in partnership to connect the dots between climate action, improved air quality in cities and better health amongst citizens.

C40 has undertaken cutting-edge research, working with 30 cities to date to measure the air quality and health benefits of climate action, and use this to make a stronger case for action.

The time for urgent climate action

Cities are responsible for about 70% of global CO₂ emissions and play a leading role in limiting global temperature rise to 1.5°C, in line with the Paris Agreement. Simultaneously, cities need to take adaptation measures to protect themselves against current and future extreme weather events,

such as extreme cold and hot weather, floods and droughts. Finally, cities need to attend to local issues of air pollution, including pollutants and toxic compounds.

In order to tackle both air quality and climate change, cities need clean and efficient transport, buildings and industry solutions.

ADDIS ABABA

Addis Ababa is the largest city in Ethiopia and is home to 3.4 million residents. As the city's population grows, emissions may also increase as household incomes rise and the economy develops.

The ageing vehicle fleet, waste and industries are the main sources of air pollution and greenhouse gas (GHG) emissions in the city. Currently, transportation represents 68% of the city's scope 1 emissions.¹

**68% OF GHG
EMISSIONS FROM
TRANSPORT**

THE NEED TO TACKLE AIR QUALITY

In Addis Ababa, the annual average concentration of fine particulate matter (PM_{2.5}) is three times the World Health Organisation (WHO) guidelines, which is raising serious health concerns for citizens in the city.²

The Ethiopian Constitution grants the right for every citizen to have access to a healthy environment, ensuring that the government develops measures to prevent pollution. This is why the city is developing its Air Quality Management Plan in pursuit of a cleaner and healthier environment for all citizens.

**PM_{2.5} CONCENTRATION
IS 3 TIMES GREATER
THAN THE WHO
RECOMMENDED VALUE**

THE HEALTH BURDEN

A recent Global Burden of Disease study showed that air pollution is the second greatest risk factor for death and disability in Ethiopia. In 2017, it is estimated that 21% of non-accidental deaths were due to exposure to poor air quality, representing 2,700 deaths in the city.³ Without action to control air pollution, by 2025 this figure is estimated to rise to 6,200 and account for 32% of deaths.⁴

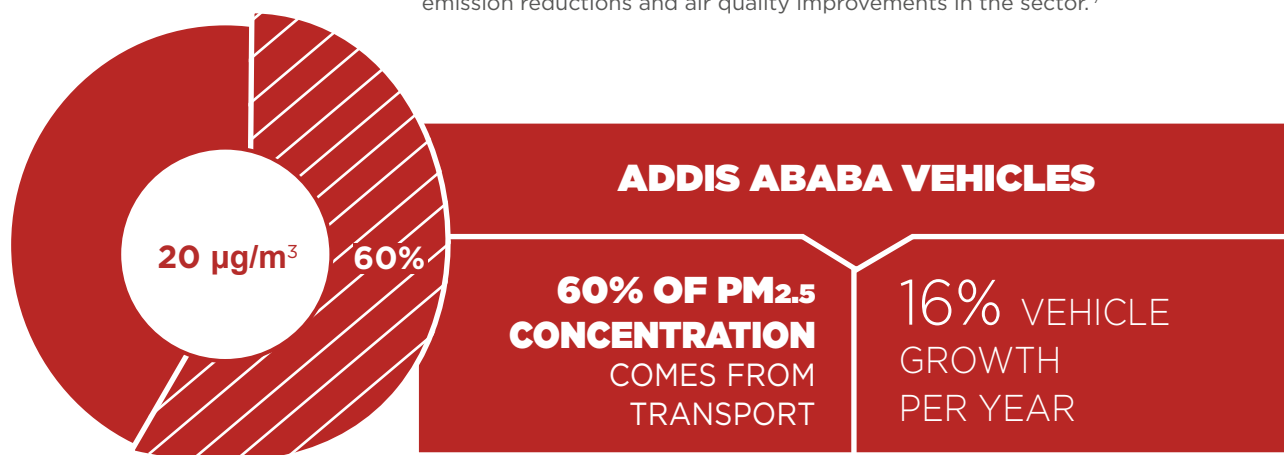
Pollutants such as PM_{2.5} represent a major risk to people's health, particularly affecting children and older people. Often used as an indicator of air pollution, PM_{2.5} can penetrate deep into the lungs and is linked to respiratory and cardiovascular morbidity and mortality, even at low concentrations.

**2,700 PREMATURE
DEATHS EACH YEAR
IN ADDIS ABABA ARE
DUE TO PM_{2.5} LEVELS**

Understanding the problem

Transportation accounts for 60% of the non-background $PM_{2.5}$ concentration in Addis Ababa, due to the city's aged diesel vehicle fleet. No vehicle standards have been set in the city and the average age of the fleet is estimated to be between 15 to 20 years. The number of vehicles is growing quickly at a rate of 16% per year and tackling transport emissions is a priority for the city.⁶

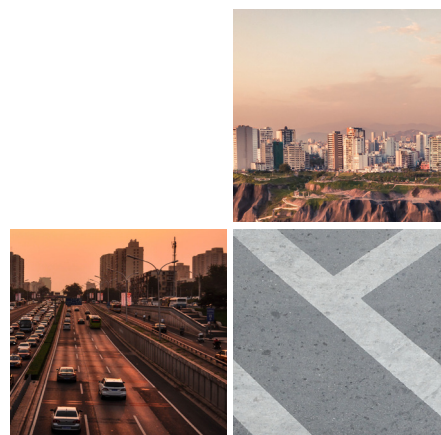
As 60% of the national vehicle fleet is found in Addis Ababa, addressing transport emissions in the city is an opportunity to contribute to the national effort towards emission reductions and air quality improvements in the sector.⁷



The action

Currently, every car in Ethiopia must undergo an annual inspection to ensure the vehicle meets safety standards, but there are yet to be any standards on emissions. The city is currently undertaking emission testing to understand the current state of the fleet, through C40's Empowering Cities with Data (ECWD) Programme. The aim is to draft emission standards for the city, which will progressively ban the oldest and more polluting vehicles from the city, with additional incentives for adopting for recent models.

In an effort to curb emissions, Addis Ababa banned commercial vehicles during daylight hours and implemented recurring car-free days. The city's transport plan also includes measures to improve bikeability and walkability by providing adequate footpaths and road crossings, increasing accessibility to public transport by developing the current light rail service, and a new Bus Rapid Transit (BRT) with dedicated bus lanes. In order to support its future transport network, Ethiopia is committed to improving the share of renewable energy in the energy grid, which will underpin any future work towards electric transportation.



The benefits

With support from C40, the city analysed the social and economic impacts of implementing several standards for its 520,000 vehicles. The results show an improvement in air quality, leading to health improvements for the city's population and a reduced economic burden.

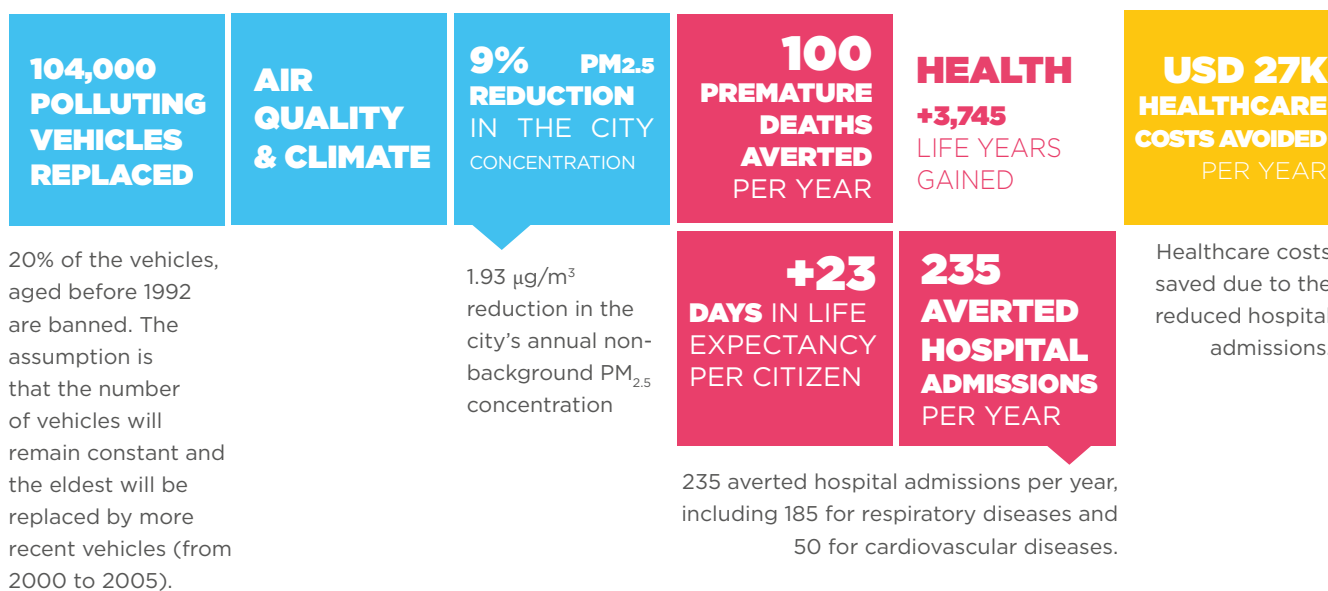
There is an improvement in air quality, both within the intervention area and across the whole city, for the indicator studied (PM_{2.5}).

The improvement in air quality reduces the health burden of cardiovascular- and respiratory-related diseases and deaths. Hospital admissions are used

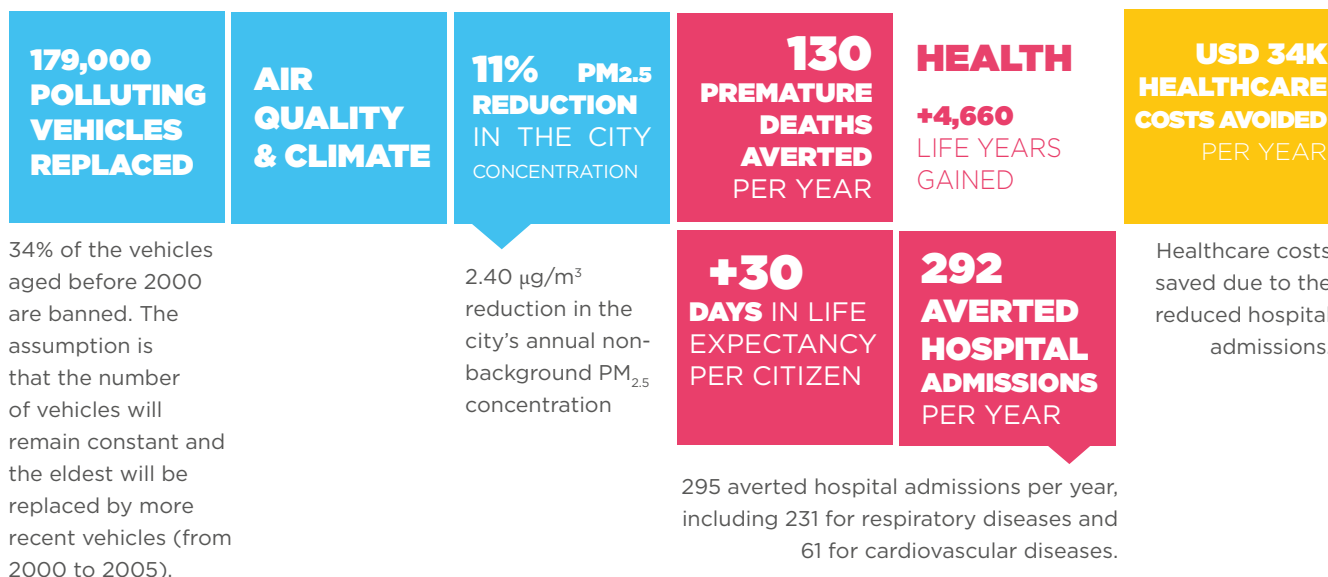
as an indicator for morbidity, while the change in premature deaths, life expectancy and life-years gained are used to quantify mortality impacts.

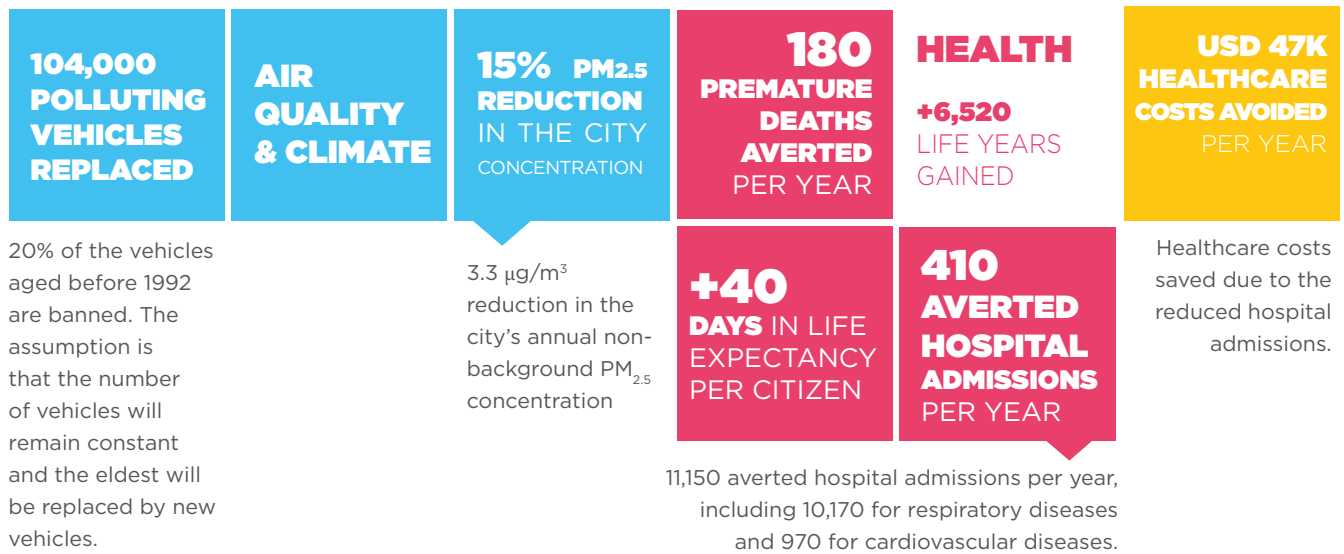
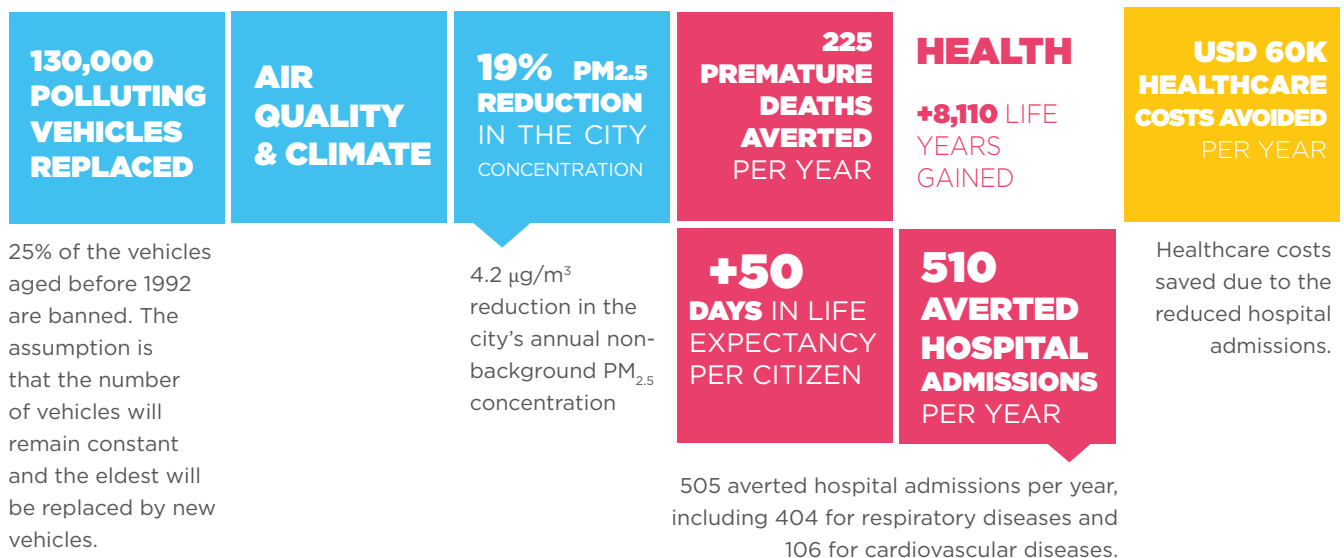
The economic impact is associated with the monetary value of averting a hospital admission and gaining an extra year of life.

Scenario 1: Older vehicles (before 1992) are replaced by more recent vehicles (from 2000-2005)



Scenario 2: Older vehicles (before 2000) are replaced by more recent vehicles (from 2000-2005)



Scenario 3: Older vehicles (before 1992) are replaced by new vehicles (age from 2014)**Scenario 4: Older vehicles (before 1996) are replaced by new vehicles (age from 2014)**

**Key assumptions:**

- The air quality monitoring inputs are based on the average annual concentration at Addis Central Site in 2019.
- $PM_{2.5}$ concentration coming from transport comes from a proxy from Nairobi, Kenya.
- Population and mortality data are from Ethiopia Central Statistics Data projected population for 2016.
- Vehicle data comes from the number of registered vehicles in 2016. The modelling takes the assumption of a constant total number of vehicles across all scenarios. The emission factors are generic from the [European Environment Agency](#) and do not reflect the traffic congestion nor the state of the roads.
- As hospital admissions were not available for cardiovascular and respiratory diseases, the proxy was taken from UK hospital admissions breakdown per age and gender. This may underestimate the morbidity results. Hospital costs are based on a proxy from Kenya, illustrating the costs of inpatients due to influenza in 2016.
- Burden of air pollution on mortality was calculated by using the relative risk from published studies that relate air pollution concentrations to health outcomes. This was applied to the difference between city-wide annual average $PM_{2.5}$ concentration and the Global Burden of Disease's theoretical minimum exposure ($5.8 \mu g/m^3$), and to the mortality rate in

the local population. This is assuming impacts only in adults (ages 30+). The analysis has been carried out following the methodology outlined in the online Methodology. The mortality multiplier is based on UK Government /European Union validated methodologies for calculating air quality and health.

Notes¹ [C40 Cities, Global Protocol for Community-scale GHG Emission Inventories \(GPC\)](#).

² Global Burden of Diseases, 2016, IHME.

³ The annual average concentration is $20 \mu g/m^3$ for the Central Site in 2019, while the WHO recommendation is $10 \mu g/m^3$.

⁴ Estimate from the AAEPGDC/USEPA team using the USEPA's BenMAP-CE tool to assess health effects of air pollution, for a population between 25 to 99 years old, using exposure in 2017 and 2025 and with population data from Ethiopia's Central Statistical Agency and the Addis Ababa City Health Bureau.

⁵ [Proxy from Nairobi](#), Atmos. Chem. Phys., 2014.

⁶ Ministry of Transport, 2019.

⁷ Addis Ababa Transport Bureau, 2019.

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